[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Clinic Name]. We are pleased that you have chosen our clinic for your glaucoma care and vision management.

Our goal is to provide specialized treatment to help preserve your sight. During your first visit, our specialists will perform a comprehensive evaluation, which may include eye pressure checks, nerve imaging, and visual field testing.

Your Appointment Details:

- **Date:** [Date]
- **Time:** [Time]
- **Doctor:** [Doctor Name]

Please bring the following to your appointment:

- A list of all current medications (including eye drops).
- Your current eyeglasses.
- Insurance cards and a valid ID.

If you need to reschedule or have any questions, please call us at [Phone Number] or visit our website at [Website URL].

We look forward to seeing you soon.

Sincerely,

[Your Name/Clinic Manager]
[Clinic Name]